



# Montgomery County Council

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**For Immediate Release**

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***More state funding, County waiver, better County organization, more focus on children top recommendations...***

## **BLUE RIBBON PANEL ON MENTAL HEALTH CALLS FOR COUNTY, STATE, FEDERAL CHANGES IN “DYSFUNCTIONAL” SYSTEM**

***Report scores “Phantom Network” as failing those in need***

An independent panel of mental health professionals today told the Montgomery County Council that the County’s delivery of mental health services is deeply flawed and that thousands of County adults and children are not receiving the services they need. The report decried the County and State’s reliance on what it called a “Phantom Network” of 400 mental health providers, almost none of whom are able or willing to accept public clients.

“In Montgomery County, the system is in collapse,” reads the report, “crippled by severe State underfunding and lacking any coherent structure or plan to maintain accountability and insure a humane safety net for the County’s most vulnerable children and adults.”

“The current State structure does not encourage a system that delivers quality services for those in need,” said Task Force chair Kevin Dwyer. “Tax dollars are funding a system that cannot report whether anyone is getting better, if everyone who needs services is being reached, and if high quality treatment is being provided.

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“There is a clear need for constructive and visionary leadership on the County and State levels.”

The Montgomery County Council commissioned the 12-member Blue Ribbon Task Force on Mental Health to examine how the publicly-funded system works or doesn't work and what's needed to fix it in the wake of last spring's closing of CPC Health and the uncertain fate of nine outpatient clinics in the County struggling to stay afloat. The Task Force also included two consumer consultants.

Over the past year, the County Council has approved over \$1.7 million to bolster the County's mental health “safety net” and assist mental health outpatient clinics, while insisting on accountability and mandating an audit of their operations. The Council has also taken the lead in urging the State to take responsibility for adequate funding for the system, which was privatized by the County in 1997 in response to the State's change to a “fee-for service” system from a grants system.

The Council required report on County clinics revealed that even the most well-managed of clinics could expect to recoup only 80 percent of their costs under the current system.

Among the report's 11 recommendations include: an increase in State funding for mental health services, a change in the State's “fee-for-service” system, a County waiver from the current State system so that the County could have the flexibility to reshape its delivery of services, more emphasis on school-based mental health programs for County children, and better data about results for mental health consumers.

The report also recommended increased federal reimbursement for Medicare recipients' mental health needs so that mental health services are funded at the same level as physical health needs.

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And it pointed to a critical lack of affordable housing for people with mental illness. The State is no longer approving new supervised housing beds. One hundred County residents remain confined to Springfield Hospital Center solely as a consequence of lack of housing. Three hundred eighty homeless residents have nowhere to go during the day. And the County's waiting list for supervised residential placements for persons with mental health problems presently stands at 180.

The Task Force concluded the present system should be restructured to "promote service integration, provide greater flexibility, and monitor client outcomes...The current system does little to encourage quality."

"The County needs a waiver from the current State system so we can serve our most vulnerable people in a mental health system that works – rather than having persons in need on the street or in our criminal justice system," said Task Force chair Kevin Dwyer.

The report revealed that the number of persons in County jails with mental health problems grew from 15 percent in 1999 to 21 percent in 2001. Police escort of persons with mental health issues to hospitals increased by 53 percent between 1997 and 2001. And fully 54 percent of the persons in County homeless shelters suffer from serious mental illness.

The report also recommended strengthening the clinical leadership for mental health in the County – either within or outside the County Health and Human Services Department -- in order to unify adult, children, and senior mental health services. The report called for a mental health leader who is a mental health professional. In addition, this leader should have the unquestioned authority for planning and accountability for the total public mental health system.

"Research has demonstrated that we have many effective treatments for mental illness," said Dr. Wayne S. Fenton, co-chair of the Task Force. "The County needs to implement a system that  
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provides our most vulnerable citizens evidence-based treatments.”

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*Attached find list of Task Force findings and recommendations*

# FINDINGS

1. The PMHS is both in financial collapse and fragmented, structurally unable to provide services to many individuals with mental illness or to ensure service continuity for its clients.
2. The large number of outpatient providers registered to provide services in the PMHS is only a “phantom network”; in reality, only a small fraction of these providers is able and willing to accept new PMHS clients.
3. The consequence of the inability to serve individuals in the mental health system is that their care is shifted to other systems, such as jails, homeless shelters, and emergency rooms, some of which are not designed to target their mental health needs. The ultimate consequence is premature death by suicide and other unnatural causes.
4. Official information made available to the public regarding the state of the PMHS is misleading.
5. The Core Service Agency is not meeting its responsibility under State law to plan and provide accountability for the Montgomery County Public Mental Health System.
6. At present, there is no single agency or agent responsible to determine and coordinate services for children’s mental health across the systems that serve them.
7. The fee-for-service system as currently structured does not comport with best practices.
8. The lack of parity in reimbursement rates for Medicare recipients places additional financial pressure on County level resources as the last resort to serve vulnerable individuals.
9. The lack of affordable housing is a major obstacle for people with mental illness.
- 10 Many mental health and substance abuse problems can be prevented and effective early interventions and supports can reduce the impact of stress on all age groups. Such prevention efforts do not currently exist.

# RECOMMENDATIONS

1. Urge the State to adequately fund the public mental health system.
2. Request changes in the structure of the State's fee-for-service approach to managed care.
3. Request a waiver from the State's fee-for-service system.
4. Plan and implement an integrated system for the delivery of mental health services.
5. Implement a system of effective management and accountability.
6. Build up the service delivery system for children.
7. Address the range of housing needs for people with mental illness.
8. Explore all potential sources of revenue.
9. Ensure that the Core Service Agency makes full public disclosure on a regular basis.
10. Advocate strongly with Federal legislators to eliminate disparity in Medicare coverage and private insurance.
11. Incorporate prevention efforts in all aspects of community planning and mental health services.